

Congresswoman Betty McCollum

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Opening Statement by Congresswoman Betty McCollum

“Federal Health Care Reform: Opportunities and Challenges for Minnesota”

Good morning. Thank you all for joining me for this morning's hearing.

My goal today is to hear from a distinguished and diverse group of Minnesota experts on the subject of health care reform in Washington. I want to hear not just a view of the need for national reforms – but more specifically – the opportunities, challenges, costs, and consequences for Minnesota as we reform our nation's health care system.

Let me start by saying I support President Obama's goal of reforming health care with a focus on reducing cost, increasing access, and ensuring quality care for all Americans. The current system is not sustainable for our families, businesses, tax payers, or the providers of health care. In addition, almost 50 million Americans are uninsured and too often left to access care in the emergency room where it is too expensive and too late.

As we look ahead I want to maintain a system where people can keep their doctors and private insurance plans if they are working well for them.

I support a public insurance option that will expand the opportunity for coverage and create a competition in the marketplace to keep premium costs down and ensure quality care.

I believe we have both an opportunity and an obligation to ensure every child in America is not only covered by insurance but able to access the care they need to grow up healthy, safe and successful.

We can do all of these things, but I have a concern – a major concern. Comprehensive health care reform in my opinion must mean that all 50 states move forward under any legislation passed by Congress and signed by President Obama. In other words – I want a bill in which no state is left behind – and that means Minnesota.

In Minnesota we are doing a lot of things right. And, each and every one of the people testifying today is contributing to making health care in Minnesota successful. We are not perfect and I want to see even greater strides forward here at home, but when compared to many other places across the U.S. we are doing a good job.

In Congress health care reform is dominating the agenda and we are at a crucial time.

Minnesota's successes must not only be acknowledged, they should be rewarded. Instead, the legislation currently proposed has the real potential to actually harm Minnesota's delivery of health care and that is simply unacceptable.

About fifteen years ago while serving here in the Minnesota House of Representatives I worked on the issue of geographic disparities in Medicare reimbursement. The flawed and discriminatory formula that funds Medicare continues to penalize Minnesota tax payers and patients, doctors, hospitals, counties and the entire health care sector which is providing high quality, low cost care.

If the health care reform legislation moving through Congress simply extends the existing out-of-date Medicare reimbursement system into the future – rewarding high cost, low quality states while continuing to penalize Minnesota – then this is not reform.

Even worse, if this flawed Medicare reimbursement formula is extended as the basis of a public insurance option this will not only penalize Minnesota, it will undermine and deteriorate the very success our state has attained in delivering quality, low cost care.

In Congress, I have been outspoken about Minnesota's unfair treatment among the leaders of the Democratic Caucus and

Chairmen Waxman, Rangel and Miller who are writing the bill.

I have distributed a letter I sent to Democratic leadership, signed by 19 other Democrats. Let me read from the letter:

“We represent states in which the quality of care exceeds the national average and per-beneficiary fee-for-service Medicare costs are substantially lower than the national average. Our “low-cost, high quality” states are setting the national standard for Medicare, yet we are penalized by the current Medicare reimbursement formula. Furthermore, any public insurance option that is based on Medicare’s current reimbursement formula would only result in an unacceptable further penalization of our states.”

I was pleased to have Congressmen Walz, Ellison, and Oberstar join me on this letter because we got the attention of the leadership.

The next day I was invited by Speaker Pelosi to a meeting with leadership and the three committee chairman – Chairmen Waxman, Rangel, and Miller and Majority Leader Steny Hoyer

to discuss this issue. In the meeting a study of the Medicare reimbursement formula was offered ... and quickly rejected. I made it clear that we don't need to study this problem; it has been studied to death. Now is the time to fix the formula.

I'm committed to working with President Obama and leaders in Congress to pass health care reform that works to make our system meet the needs of all Americans. But this doesn't mean I will allow Minnesota to be left behind or disadvantaged because we are a leader.

Our group of twenty Democrats will again be meeting tomorrow. My message to leadership is clear – I want to pass health care reform but I will not vote for a bill that hurts Minnesota while benefiting other states. That is not reform, but rather a recipe for disaster.

In closing, this is the most important legislation I've worked on in my nine years in Congress.

It must meet Minnesota's needs and if it does not it will be difficult for our delegation to support it.

In my first year in Congress – 2001 – education reform legislation was passed called “No Child Left Behind.” It was championed as a bill that would transform public education – except for one thing – I was sure it was going to hurt Minnesota and set back the reforms we already had in place. I was the only Democrat on the Education Committee to vote against “No Child Left Behind” and eventually 8 of the 10 members of the Minnesota delegation voted against it.

I want health care reform but I will not put my constituents and the State of Minnesota at a disadvantage or perpetuate a system that penalizes the excellent health care we deliver in our state.

I feel a sense of urgency as I return to Washington this afternoon. Your testimony today I hope will reinforce the need for reform and the need to ensure Minnesota’s best interests are reflected in any legislation that is considered by Congress.

Thank you and I look forward to hearing your testimony.

Read the testimony

Ann Settgast, MD - Co-Chair of Physicians for a National Health Program--- [Click here](#)

Alan L. Goldbloom, MD - President and Chief Executive Officer of Children's Hospitals and Clinics of Minnesota--- [Click here](#)

MN State Representative Thomas Huntley--- [Click here](#)

MN State Representative Erin Murphy--- [Click here](#)

MN State Representative Maria Ruud--- [Click here](#)

Melissa Winger - Chair of the Family Advisory Council at the Children's Hospitals and Clinics of Minnesota--- [Click here](#)

Shane Davis - Secretary-Treasurer of SEIU Healthcare Minnesota--- [Click here](#)

Michele H. Kimball - State Director of AARP in Minnesota--- [Click here](#)

Dorii Gbolo - Chief Executive Officer of Open Cities Health Center (OCHC)--- [Click here](#)

Maureen Reeder - President of the National MS Society, Minnesota Chapter--- [Click here](#)

Jan Parker - current chair of the Ramsey County Board of Commissioners--- [Click here](#)

Shelley J. Page - Volunteer Advocate with the Juvenile Diabetes Research Foundation--- [Click here](#)

Michael Belzer, MD - Chief Medical Officer and Medical Director of the Hennepin County Medical Center--- [Click here](#)

Mike Opat - Chair of the Hennepin County Commissioners--- [Click here](#)

Alice Swan - Interim Dean for the School Health and Associate Dean for Nursing at St. Catherine University--- [Click here](#)

